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16. Bulimia Nervosa (severe) (307.51);
17. Kleptomania (312.32);
18. Pyromania (312.33);
19. Trichotillomania (312.39);
20. Intermittent Explosive Disorder (312.34); and
21. Personality Disorder (301.4, 301.5, 301.81).

Specialized services referred to in "Criterion III" means therapy services provided to a child or adolescent with emotional disturbance for the purpose of assisting in the management of the emotional disturbance or its effects, supporting retention of the youth in the community or home, or treatment of the illness.

The "human services system" referred to in "Criterion III" are:

- a. Mental Health (including outpatient therapy, home-based therapy, school-based therapy, day treatment, and intensive case management)
- b. Specialized Residential Services (including psychiatric, residential, and hospital treatment, therapeutic group home or therapeutic foster care)
- c. Child Protective Services
- d. Specialized Education Supports (including Special Educational placement, services by school counselor, or other support services provided by the school)
- e. Juvenile Corrections or Probation

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B. **Areas of State in which services will be provided:**

IV. Youth With Severe Emotional Disturbance

/X/ Entire State

/ / Only in the following geographic areas (authority of section 1915 (g)(1) of the Act is invoked to provide services less than Statewide:

C. **Comparability of Services**

IV. Youth With Severe Emotional Disturbance

/ / Services are provided in accordance with section 1902(a)(10)(B) of the Act.

/X/ Services are not comparable in amount, duration, and scope. Authority of section 1915 (g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. **Definition of Services**

IV. Youth With Severe Emotional Disturbance

This group is being targeted for case management services to help

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provide a better quality of life for the individual and family by: a) improving access to various services within the community, b) servicing the individual in the least restrictive and most culturally therapeutic environment possible, c) facilitating the preservation of the individual in the family unit and, d) preventing out-of-community placement and/or facilitating the individual's return from acute or residential psychiatric care.

Case management is intended to assist members of the target group in accessing needed medical, social, educational, vocational, and other services. It includes:

1. Helping the recipient make informed choices regarding opportunities and services;
2. Assisting the recipient in establishing an individual case plan and developing realistic, attainable life goals;
3. Assuring timely access to needed medical, social, educational, vocational and other services or assistance;
4. Providing access to opportunities for self-help activities; and
5. Coordinating services and activities to meet these goals.

Case management is a service based on assessment of individual strengths and needs, mutual planning between the recipient and the case manager, and recipient empowerment in accessing resources. It is provided for an indefinite period of time, at an intensity which is influenced by the individual's service plan and unique situation, and in settings accessible to the recipient.

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Eligible individuals have the option to accept or reject case management services.

Case management focuses on the day-to-day concerns of youth with severe emotional disturbance by assisting them to identify realistic and achievable goals so the utilization of inpatient or more costly medical services is avoided. Crisis issues are dealt with. The case manager acts as a resource person in assisting the recipient to gain access to needed medical, social, vocational, educational and other services identified as necessary in the treatment plan.

Each recipient will have an individualized case plan on file containing specific outcomes to be accomplished with the assistance of targeted case management. Progress notes will reflect advancement toward identified goals.

Major components of targeted case management include advocacy, coordination, assessment, plan development and crisis assistance activities; assisting the client to learn to effectively identify and utilize basic community resources; monitoring the client's success in accessing services; and assessing client progress toward established goals.

These goals will be accomplished through the following activities:

- (1) "Advocacy" means the act of enhancing parent or surrogate parent involvement in the planning and delivery of services for a client, and of empowering the client to speak or act on behalf of self whenever possible. The case manager speaks or acts on the client's behalf when the client or the parent is unable to carry out this role.
- (2) "Assessment" means the act of identifying the resources and services needed to carry out the therapeutic case plan. Assessment

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includes identifying the strengths, abilities, potentials, skills and aspirations of the client and the client's family. This is not a psychiatric, medical or other specialized evaluation which is traditionally completed by other qualified professionals. Assessment enables the case manager to determine the nature and extent of brokering, coordination, transportation and advocacy needed.

- (3) "Case planning" means the development of a written individualized case management plan for the client which is arrived at by the case manager with participation of the parent or the surrogate parent, the client advocate and the client.
- (4) "Crisis assistance and intervention" means the act of assessing the nature and severity of the client's crisis, identifying appropriate resources to provide the support service which will alleviate the crisis, and arranging for delivery of services in a timely manner. Crisis assistance and intervention does not include direct provision of service to eliminate the crisis or stabilize the circumstances of the client, the parent or surrogate parent.
- (5) "Monitoring" means the ongoing act of: a) assessing the impact of services being provided according to the established case plan, b) identifying services included in the plan but not currently provided, c) identifying reasons for services not being provided, and d) ensuring that needed services are provided. Monitoring includes identifying needed changes and the provision of reports or feedback to the providers, the client, and the parent or surrogate parent.
- (6) "Service coordination" means the act of linking the client, the parent or family members with service providers and facilitating development of service resources.

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- (7) "Care Coordination case management services" means limited scope case management services designed to assist the consumer in accessing needed mental health care and other community services. Care coordination case management services may include telephone services.

E. **Qualification of Providers**

IV. Youth With Severe Emotional Disturbance

Case management services for persons with severe emotional disturbance must be provided by a licensed mental health center or in cases where the community mental health center is unwilling or unable to provide the required case management services, the service may be provided by a provider designated by and under contract with the department of corrections and human services.

Care coordination case management services may also be provided by a licensed practitioner as defined in ARM 46.12.1923. A practitioner is a physician, licensed physician assistant, advance practice registered nurse, licensed psychologist, licensed clinical social worker or licensed professional counselor.

F. **The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.**

- (1) Eligible recipients will have free choice of the providers of case management services.
- (2) Eligible recipients will have free choice of the providers of other

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medical care under the plan.

- G. **Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.**

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Supplement 1E to
Attachment 3.1A

Service 19C
Case Management - Children
With Special Health Care
Needs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

A. Target Group:

VI. Children with Special Health Care Needs

A child is eligible for case management services for children with special health care needs if the child is eligible for Medicaid and meets the following criteria:

- a) is birth through eighteen years of age and determined to have a diagnosed special health care need or be at risk for chronic physical, developmental, behavioral, or emotional conditions and requires health and related services of a type or amount beyond that required by children of the same age; or
- b) the child was born to a woman who received case management services as a high risk pregnant woman.

B. Areas of State in which Services will be Provided:

VI. Children with Special Health Care Needs

(X) Entire State:

() Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

C. Comparability of Services:

Service 19A
Case Management - Children
With Special Health Care
Needs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

VI. Children with Special Health Care Needs

- () Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- (X) Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. **Definition of Services:**

VI. Children with Special Health Care Needs

Case management means the process of planning and coordinating care and services to meet individual needs of a child and to assist the child/family in accessing necessary medical, social, nutritional, educational and other services. Case management includes assessment, case plan development, monitoring of the recipient's status, and service coordination.

Case management is not a part of any other Medicaid service.

The receipt of case management services does not restrict a recipient's right to receive other Montana Medicaid services from any certified provider.

Supplement 1E to
Attachment 3.1A

Service 19a
Case Management - Children
With Special Health Care
Needs

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Montana

The core functions of the case manager are to provide or
assist in providing the following:

Care Coordination and Referral

Linking the child/caretaker with resources, including the
Department's Children's Special Health Services,
specialty clinics, other needed services, and assisting
the child/caretaker to establish and maintain eligibility
for services other than Medicaid. For those children
for whom the Developmental Disabilities Family Education
and Support Services retains the lead status, the care
coordination activities are determined at the community
level;

Assessment

Is the evaluation of a child's physical, medical,
nutritional, psychosocial, developmental, and educational
status in the context of the child's family to determine
if the child meets the "at risk" criteria or is a child
with diagnosed special health care needs, and documenting
the child's needs for resources and services. Initial
assessment of children covered by these services may
occur in the hospital following the infant's birth. This
assessment should be followed by a referral to the
appropriate service provider in the community.
Assessments by other professionals will be accepted and
integrated into planning for a child covered by these